June 16, 2004	Exhibit 56	FCIC-Appendix III				
(LOSS ADJUSTER DATA – TYPE 56)						
	Format/Edits					

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 56.
2	Approved Insurance	3	2	X(02)	Required. Edit with RO AIP/Company table.
_	Provider		_	11(02)	Troquirous Bure with the ram, company more.
3	Active Flag	5	1	X(01)	Required for all records.
					Must be:
					Y = Yes, Active N = No, Inactive. Nothing else acceptable.
4	Inactive Date	6	8	9(08)	If field #3 = Y, Zero fill. If 'N' Must be:
•	mactive Bate	O	O	)(00)	MMDDCCYY format. Not greater than
					current date.
5	Filler	14	2	X(02)	Must be Spaces.
6	Reinsurance Year	16	4	9(04)	Must be 2005 for the 2005 Reinsurance Year.
7	Filler	20	1	X(01)	Must be Spaces.
8	Adjuster ID	21	9	X(09)	Required for all records. AIP issued identification number for loss adjuster. A
					loss adjuster ID can only reference one SSN.
					Must be left justified. Cannot be spaces.
9	Adjuster Last Name	30	20	X(20)	Required for all records. Last name of the
					adjuster. Must be left justified beginning in
10	Adjuster First Name	50	10	X(10)	the first position.  Required. First name of the adjuster. Must
10	Adjuster I fist Ivallie	30	10	$\Lambda(10)$	not be blank. Must be left justified beginning
		457			in first position.
11	Adjuster Middle Name	60	10	X(10)	Middle name of the loss adjuster. Must be
10		70		37(05)	left justified beginning in first position.
12	Adjuster Suffix	70	5	X(05)	Name suffix of the loss adjuster (i.e. Sr, Jr, etc.) Must be left justified beginning in first
4					position.
13	Adjuster Title	75	4	X(04)	Name title of the loss adjuster (i.e. Dr, Mr,
					etc.) Must be left justified beginning in first
		7.70	2.5	77/05)	position.
14	Adjuster Address	79	35	X(35)	Required for all records. Must be left justified beginning in the first position. Enter
		<b>&gt;</b>			location or street address. Do not enter post
					office box.
15	City	114	35	X(35)	Required for all records. Must be left
				,	justified. If state code eq "ZZ", enter foreign
					city and country.
16	Address County	149	3	9(03)	Required for all records. Edit with county
17	Address State	152	2	X(02)	table. Must be valid for zip code.  Required for all records. Must be valid alpha
17	Address State	132	2	$\Lambda(02)$	state abbreviation for zip code. If foreign
					country enter "ZZ".
18	Zip Code	154	5	9(05)	Required for all records. Must be valid zip
1.0	at not	1.50	,	0 (0 4)	code. Must be zeros if state eq "ZZ".
19	Zip Extension	159	4	9(04)	Optional; if reported must be valid for zip
20	Phone Number	163	10	9(10)	code, state, county and city.  Required for all records. Must be left
20	1 120110 1 (4111001	103	10	·(10)	required for all records. Islant to left

June 16, 2004	Exhibit 56	FCIC-Appendix III				
(LOSS ADJUSTER DATA – TYPE 56)						
	Format/Edits					

D: 11	T: 1137	ъ :	I a:	D: /	P. H.P.P.
Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
INO.		108	l .		<u> </u>
					justified with no hyphens, parentheses, or
					special characters.
21	Filler	173	64	X(64)	Must be Spaces.
22	Adjuster SSN	237	9	9(09)	Required. Valid SSN for the Loss Adjuster.
					Edited in ITS (preDAS edit).
23	M-14 Appendix IV Review	246	2	9(02)	Must be zeros.
24	Flag	240	0.7	V(07)	Marily Comme
24	Filler	248	87	X(87)	Must be Spaces.
25	SSN Validation Flag	335	2	X(02)	Internal Use. Positions 335 – 336 will contain the SSN validation flag.
26	Ineligible Tracking	337	8	X(08)	Internal Use. Reserved.
	Validation Flag				
27	Annual Review Date	345	8	9(08)	Reserved. Zero fill.
28	Filler	353	198	X(198)	Must be spaces.
29	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch
					file was received. (From when transmission started) HHMM Format.
30	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch
	Tere conner but			1(00)	file was received. (From when transmission
					started) MMDD CCYY Format.
31	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY
22	D. I.M. I			2(2.1)	format.
32	Batch Number	567	4	9(04)	Internal Use. The sequential number
					identifying the file that was submitted by the RO AIP to FCIC/RMA.
33	Transaction Sequence	571	8	9(08)	Internal Use. The sequential number
	Number	0,1		(00)	assigned to each transaction number
					processed by DAS after it has been sorted.
34	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
35	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
36	FCIC Initially Accepted	581	8	9(08)	Internal Use. The date this record was
	Date				initially accepted by DAS. MMDDCCYY
37	Filler	500	12	V(12)	format. Internal Use.
31	rillei	589	12	X(12)	internal Use.

## Note:

A 56 record must be accepted for the AIP and Loss Adjuster SSN before a 21 or 22 or 23 record will be accepted.

Names (fields 9, 10, 11) cannot contain numeric values or special characters such as & or \*, however "- and '" would be acceptable.